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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Grechen Shirley, Liubov "Liuba		book if!-!	'		O Condidate - FFO !	atification Number	
	(b) Address (number and street) ☐ Check if address changed PO Box 694					Candidate's FEC Identification Number H8NY02104		
	(c) City, State, and ZIP Code						ew Amended	
	Amityville		NY	1170		Statement (N	I) OR (A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		
	DEMOCRATIC PARTY	House			NY	02		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full) LIUBA FOR CONGRESS								
	(b) Address (number and street) PO BOX 694							
	(c) City, State, and ZIP Code							
	AMITYVILLE				NY	11701		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.								
NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full)								
(b) Address (number and street)								
	(c) City, State, and ZIP Code							
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct	and complete.	
Signature of Candidate Date								
G	rechen Shirley, Liubov "Liuba", , ,	[Electronically Filed]			tronically Filed]	04/03/2018		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)